



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/676,053
		Filing Date	September 28, 2000
		First Named Inventor	James Oliver Dolly
		Group Art Unit	1645
		Examiner Name	Zeman, Robert A
Total Number of Pages in This Submission	29	Attorney Docket Number	A-05012 DIV 1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Carlos A. Fisher		
Date	12/8/08	Reg. No.	36,510

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Janet McGhee	Date	12/8/08

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Fees Pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009 <small>Patent fees are subject to annual revision.</small>		Application Number	09/676,053
		Filing Date	9/28/2000
		First Named Inventor	Dolly
		Examiner Name	Zeman, R.A.
		Art Unit	1645
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. A-05012DIV	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number 50-4004 Deposit Account Name Carlos A. Fisher

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) associated with this communication Credit any overpayments

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	510	270	650	325	
Provisional	220	110	0	0	0	0	
					Subtotal (1)	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>
Each claim over 20 or , for Reissues, each claim over 20 and more than in the original patent				52 26
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				220 110
Multiple Dependent Claims				390 195
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP =	X			<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
-3 or HP =	X			
HP = highest number of independent claims paid for, if greater than 3				
			Subtotal (2)	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 = /50=	(round up to a whole number)	X	Subtotal (3) 0

4. OTHER FEE(S)

<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)	
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)	
<input type="checkbox"/> 1-month extension of time: \$130 fee (\$65 small entity discount)	
<input type="checkbox"/> 2-month extension of time: \$490 fee (\$245 small entity discount)	
<input checked="" type="checkbox"/> 3-month extension of time: \$1110 fee (\$555 small entity discount)	1110
<input type="checkbox"/> 4-month extension of time: \$1730 fee (\$865 small entity discount)	
<input type="checkbox"/> 5-month extension of time: \$2350 fee (\$1175 small entity discount)	
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)	
<input checked="" type="checkbox"/> Notice of Appeal: \$540 fee (\$270 small entity discount)	540
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$540 fee (\$270 small entity discount)	
<input type="checkbox"/> Request for Oral Hearing: \$1080 fee (\$540 small entity discount)	
<input type="checkbox"/> Utility Issue Fee: \$1510 fee (\$755 small entity discount)	
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)	
<input type="checkbox"/> Request for Continued Examination: \$810 fee (\$405 small entity discount)	
<input type="checkbox"/> Other: _____	
	Subtotal (4) 1650

SUBMITTED BY					
Name (Print/Type)	Carlos A. Fisher	Registration No. (Attorney/Agent)	36,510	Telephone	949-450-1750
Signature				Date	12/8/2008